

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applicant: Heilper et al.

Serial No.: 10/813,439

Examiner: E. Labaze

Attorney Docket No.: IL920040005US1

Group Art Unit: 2876

Filed: March 30, 2004

Title: COUNTERFEIT DETECTION METHOD

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Commissioner for Patents
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Alexandria, VA 22313-1450CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Amendment (9 pages) is being facsimile transmitted under Rule 37 CFR 1.61(d) to the U.S. Patent and Trademark Office to (703) 872-9306 on December 8, 2004.


Stephen C. Kaufman

Reg. No. 29,551

AMENDMENT

Sir:

This Amendment is filed in response to the Office Action dated September 9, 2004 issued by the United States Patent and Trademark Office in connection with the above-identified Application. A response to the September 9, 2004 Office Action is due December 9, 2004. Accordingly, this Amendment is being timely filed.

Kindly amend the above-identified application as follows:

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10813485

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	75	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	75 minus 20 =	55
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

12-804 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	25
Independent	5	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	25
Independent	5	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	25
Independent	5	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	90
X43=		OR X86=	288
+145=		OR +290=	
TOTAL		OR TOTAL	1118

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 25		OR XS 51	50
X 43		OR X 86	
+184		OR 288	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	